Permit #F00161237
FilmL.A., Inc.
6255 W Sunset Blvd, 12th Floor
Hollywood, CA 90028
t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information

Permit No: F00161237 **Type of Permit:** FILMING **Release Date:** 01/24/2020

Production Company	PALMER PRODUCTIONS
Insured Company Name	PALMER PRODUCTIONS
Contact Phone No. 1	323-871-1210
Contact Phone No. 2	
Fax	
Address	2023 S WESTGATE AVE LOS ANGELES, California 90025
Production Title	T-MOBILE
Type of Production	Commercial - Standard

Producer	Heather Heller
Director	Steve Pink
1st AD	TBD TBD
Production Manager	Kevin McMahon
FilmL.A. Coordinator	Naomi Kajiyama
Location Manager	Matt Cassel
Primary Phone	Mobile - 310-702-6441
Secondary Phone	Office - 323-630-2497
Location Assistant	n/a n/a
Primary Phone	Mobile - 555-555-5555
Secondary Phone	

Fees

Posting 1500	$345.00
Notification Charge	$206.00
FILMLA NON-REFUNDABLE FILM APPLICATION FEE	$699.00
LA CITY FIRE DEPARTMENT SPOT CHECK SURCHARGE	$85.00
FILMLA MONITOR FEES	$520.00
FILMLA MONITOR FEES OVERTIME	$392.00
FILMLA MONITOR FEES - DOUBLE TIME	$520.00

Total Permit Fee $2,767.00

Number of Locations 1

NOT A PERMIT

FilmL.A., Inc.
6255 W Sunset Blvd, 12th Floor
Hollywood, CA 90028
t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information — Location

Permit Number F00161237
Production Company PALMER PRODUCTIONS
Insured Company PALMER PRODUCTIONS
Production Title T-MOBILE

Location Manager Matt Cassel
Primary Phone Mobile - 310-702-6441
Secondary Phone Office - 323-630-2497

Location Address 5064 Louise Ave, Los Angeles, CA, 91316

Location Type Private Residence

Film Dates 1/25/2020 - 1/26/2020 07:00 - 22:00 2 days

Open or Closed to the Public Closed

Generic Conditions **THE CONSUMPTION OF ALCOHOLIC BEVERAGES AND THE USE OF DRUGS, INCLUDING MARIJUANA, ON LOCATION BY ANY CAST, CREW, OR INVITED GUESTS IS STRICTLY PROHIBITED.**
*Certain service and personnel fees required by jurisdictional agencies are not collected by FilmL.A. Any such fees must be paid directly to the appropriate agency, and a separate invoice will be provided to the permittee.
Community Survey Obtained
FilmLA Monitor required at a minimum of four hours.
May not interfere with adjacent traffic lanes or adjacent bike lane
Must Maintain 5' Clearance on Sidewalks/Walkways
Must maintain local/emergency access
No cast or crew parking on area streets
No interference with merchant activity.
No interference with vehicular or pedestrian traffic
Notify LAPD West Valley Division (818) 374-7611 and comm. (213) 978-6552 1/2 hour prior to any gunfire, brandishing weapons, special effects or simulated emergency or criminal activity.
Number of uniformed officers listed on the permit is a minimum requirement. Permittee remains responsible for deploying a sufficient number of uniformed officers to provide traffic and crowd control to ensure the safety of the film crew and the public.

Please see attached document 151d227e-b87d-4769-881c-b19020719a4b.pdf

Equipment on Location

Type	Quantity
5 or 10 ton trucks	4
Cast/Crew vehicles	65
Cube Trucks	3
Generator	1
Trailers	3
Vans	3

Personnel on Location

Type	Quantity
Cast	7
Crew	68
FilmL.A. Monitor(s)	1
Off-Duty/Active LAPD Officer(s)	1

Filming Activities Atmospheric smoke effects (water based); Exterior establishing shots; Interior and exterior dialogue; Interior establishing shots; FilmLA monitor required 1/25 0600-2200 hrs & 1/26 0600-2200 hrs;

Jurisdiction **Political:** Los Angeles City - Council District 05 **Police:** Los Angeles Police **Fire:** Los Angeles City Department

Thomas Guide **Page:** 561 **Grid:** C3

Approvals
FILML.A. MONITORS — Adam Meyer Approver
LOS ANGELES CITY POLICE DEPARTMENT — Richard Priest

Parking
Base Camp Location Type : 17159 Ventura Blvd, Encino, CA, 91316
Crew Parking Location Type : 17159 Ventura Blvd, Encino, CA, 91316

NOT A PERMIT

FilmL.A., Inc.
6255 W Sunset Blvd, 12th Floor
Hollywood, CA 90028
t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information

Location

Permit Number F00161237
Production Company PALMER PRODUCTIONS
Insured Company PALMER PRODUCTIONS
Production Title T-MOBILE

Location Manager Matt Cassel
Primary Phone Mobile - 310-702-6441
Secondary Phone Office - 323-630-2497

Other Location	Other Location
Posting "No Parking" signs E/S LOUISE AVE, ADDISON ST - VENTURA BLVD S/S ADDISON ST., LOUISE AVE - EAST TO END	
Approximate Footage 1201 - 1500	**Log Number** 269481
Date(s) 1/25/2020 to 1/26/2020	**Time(s)** 07:00 to 22:00

NOT A PERMIT

LabCorp

Patient Report

Specimen ID: 239-229-3155-0
Control ID: DHJ04280445

Acct #: 04280445 **Phone:** (323) 650-2991 **Rte:** 00

LEAVENS, CHRISTY
1917 RODNEY DR 307
LOS ANGELES CA 90027
(419) 376-0007

Elena Chetver MD
7531 Santa Monica Blvd Ste 210
LOS ANGELES CA 90046

Patient Details
DOB: 01/08/1978
Age(y/m/d): 041/07/19
Gender: F **SSN:** ***-**-7263
Patient ID: 53848540

Specimen Details
Date collected: 08/27/2019 0930 Local
Date received: 08/28/2019
Date entered: 08/28/2019
Date reported: 08/28/2019 1505 ET

Physician Details
Ordering: E CHETVER
Referring:
ID:
NPI: 1518997212

General Comments & Additional Information
Total Volume: Not Provided **Fasting:** Yes

Ordered Items
CBC With Differential/Platelet; Comp. Metabolic Panel (14); Lipid Panel; Cardiovascular Report; Diabetes Patient Education; Hemoglobin A1c; Rheumatoid Arthritis Factor; TSH; Sedimentation Rate-Westergren

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	6.6		x10E3/uL	3.4 - 10.8	01
RBC	4.25		x10E6/uL	3.77 - 5.28	01
Hemoglobin	11.6		g/dL	11.1 - 15.9	01
Hematocrit	36.5		%	34.0 - 46.6	01
MCV	86		fL	79 - 97	01
MCH	27.3		pg	26.6 - 33.0	01
MCHC	31.8		g/dL	31.5 - 35.7	01
RDW	14.7		%	12.3 - 15.4	01
Platelets	228		x10E3/uL	150 - 450	01
Neutrophils	63		%	Not Estab.	01
Lymphs	28		%	Not Estab.	01
Monocytes	5		%	Not Estab.	01
Eos	3		%	Not Estab.	01
Basos	0		%	Not Estab.	01
Neutrophils (Absolute)	4.1		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.9		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.4		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.2		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	1		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Comp. Metabolic Panel (14)					
Glucose	74		mg/dL	65 - 99	01
BUN	18		mg/dL	6 - 24	01
Creatinine	0.74		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	101		mL/min/1.73	>59	
eGFR If Africn Am	116		mL/min/1.73	>59	
BUN/Creatinine Ratio	**24**	**High**		9 - 23	

NOT A PERMIT

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 858-668-3700

© 1995-2019 Laboratory Corporation of America® Holdings
All Rights Reserved - Enterprise Report Version: 1.00

LabCorp

Patient Report

Patient: LEAVENS, CHRISTY
DOB: 01/08/1978
Patient ID: 53848540
Control ID: DHJ04280445
Specimen ID: 239-229-3155-0
Date collected: 08/27/2019 0930 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Sodium	139		mmol/L	134 - 144	01
Potassium	4.2		mmol/L	3.5 - 5.2	01
Chloride	103		mmol/L	96 - 106	01
Carbon Dioxide, Total	**18**	**Low**	mmol/L	20 - 29	01
Calcium	9.0		mg/dL	8.7 - 10.2	01
Protein, Total	6.4		g/dL	6.0 - 8.5	01
Albumin	4.2		g/dL	3.5 - 5.5	01
Globulin, Total	2.2		g/dL	1.5 - 4.5	
A/G Ratio	1.9			1.2 - 2.2	
Bilirubin, Total	0.2		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	46		IU/L	39 - 117	01
AST (SGOT)	27		IU/L	0 - 40	01
ALT (SGPT)	23		IU/L	0 - 32	01
Lipid Panel					
Cholesterol, Total	183		mg/dL	100 - 199	01
Triglycerides	**296**	**High**	mg/dL	0 - 149	01
HDL Cholesterol	47		mg/dL	>39	01
VLDL Cholesterol Cal	**59**	**High**	mg/dL	5 - 40	
LDL Cholesterol Calc	77		mg/dL	0 - 99	
Cardiovascular Report					
Interpretation	Note				02

Medical Director's Note: This is an amended report on 8/28/2019. The following panels were previously not reported: CBC With Differential/Platelet. Please review this report in its entirety, since changes may affect result interpretation(s) and/or treatment/follow-up suggestions.
Medical Director's Note: This is an amended report on 8/28/2019. The following supplemental report(s) was previously not included: Diabetes Patient Education. Please review this report in its entirety , since changes may affect result interpretation(s) and/or treatment/follow-up suggestions.

CARDIOVASCULAR REPORT:

Current available clinical information suggests the patient's risk is at least HIGH. Your patient appears to have one CHD risk equivalent (diabetes).

-

Insulin resistance, obesity, excessive alcohol use, smoking, nephrotic syndrome, liver disease, and certain medications can cause secondary dyslipidemia. Consider evaluation if clinically indicated.

-

Therapeutic lifestyle changes are always valuable to achieve optimal blood lipid status (diet, exercise, weight

NOT A PERMIT

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 858-668-3700

© 1995-2019 Laboratory Corporation of America® Holdings
All Rights Reserved - Enterprise Report Version: 1.00

LabCorp

Patient Report

Patient: LEAVENS, CHRISTY
DOB: 01/08/1978
Patient ID: 53848540
Control ID: DHJ04280445
Specimen ID: 239-229-3155-0
Date collected: 08/27/2019 0930 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB

management).

LIPID MANAGEMENT

Select one patient risk category based upon medical history and clinical judgment. Additional risk factors such as personal or family history of premature CHD, smoking, and hypertension modify a patient's goals of therapy. In CVD prevention, the intensity of therapy should be adjusted to the level of patient risk. MODERATE intensity statin therapy generally results in an average LDL-C reduction of 30% to less than 50% from the untreated baseline. Examples include (daily doses): atorvastatin 10-20 mg, rosuvastatin 5-10 mg, simvastatin 20-40 mg, pravastatin 40-80 mg, lovastatin 40 mg. HIGH intensity statin therapy generally results in an average LDL-C reduction of 50% or more from the untreated baseline. Examples include (daily doses): atorvastatin 40-80 mg and rosuvastatin 20 mg.

LOW RISK ASSESSMENT AND TREATMENT SUGGESTIONS

LDL-C is optimal, 77 mg/dL. Non-HDL Cholesterol is acceptable, 136 mg/dL.

-

Please refer to assessment and treatment suggestions under high risk category.

INTERMEDIATE RISK ASSESSMENT AND TREATMENT SUGGESTIONS

LDL-C is optimal, 77 mg/dL. Non-HDL Cholesterol is acceptable, 136 mg/dL.

-

Please refer to assessment and treatment suggestions under high risk category.

HIGH RISK ASSESSMENT AND TREATMENT SUGGESTIONS

LDL-C is normal, 77 mg/dL. Non-HDL Cholesterol is borderline high, 136 mg/dL.

-

Begin statin. If statin already in use, consider increasing dose to achieve at least a 50% LDL reduction from baseline. Moderate or high intensity statin is preferred. If statin cannot be tolerated or increased, alternatives include use of an intestinal agent (ezetimibe or bile acid sequestrant), niacin, and/or fish oil.

DISCLAIMER

These assessments and treatment suggestions are provided as a convenience in support of the physician-patient relationship and are not intended to replace the physician's clinical judgment. They are derived from national guidelines in addition to other evidence and expert opinion. The clinician should consider this information within the

NOT A PERMIT

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 858-668-3700

© 1995-2019 Laboratory Corporation of America® Holdings
All Rights Reserved - Enterprise Report Version: 1.00

LabCorp **Patient Report**

Patient: LEAVENS, CHRISTY
DOB: 01/08/1978
Patient ID: 53848540
Control ID: DHJ04280445
Specimen ID: 239-229-3155-0
Date collected: 08/27/2019 0930 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
context of clinical opinion and the individual patient. SEE GUIDANCE FOR CARDIOVASCULAR REPORT: Stone NJ et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2014; 129 (suppl 2): S1?S45; Contois et al. Clin Chem 2009; 55(3):407-419; Brunzell et al. Diabetes Care 2008; 31(4):811-82.					
PDF Image	.				02
Diabetes Patient Education					
PDF Image	Not applicable				02
Hemoglobin A1c					
Hemoglobin A1c	**6.0**	**High**	%	4.8 - 5.6	01
Please Note: Prediabetes: 5.7 - 6.4 Diabetes: >6.4 Glycemic control for adults with diabetes: <7.0					01
Rheumatoid Arthritis Factor					
RA Latex Turbid.	<10.0		IU/mL	0.0 - 13.9	01
TSH	4.190		uIU/mL	0.450 - 4.500	01
Sedimentation Rate-Westergren					
	20		mm/hr	0 - 32	01

01	SO	LabCorp San Diego 13112 Evening Creek Dr So Ste 200, San Diego, CA 92128-4108	Dir: Jenny Galloway, MD
02	LITIL	Litholink Corporation 2250 West Campbell Park Drive, Chicago, IL 60612-3502	Dir: John Asplin, MD

For inquiries, the physician may contact **Branch: 800-859-6046 Lab: 858-668-3700**

NOT A PERMIT

This document contains private and confidential health information protected by state and federal law.
If you have received this document in error, please call 858-668-3700

© 1995-2019 Laboratory Corporation of America® Holdings
All Rights Reserved - Enterprise Report Version: 1.00

Permit #F00161237

PATIENT	DATE OF BIRTH	GENDER	DATE OF SERVICE	PHYSICIAN
LEAVENS, CHRISTY	**01/08/1978**	**F**	**08/27/2019**	**CHETVER, ELENA**

LabCorp Account #: 04280445

Accessions: 23922931550

DISCLAIMER: *These assessments and treatment suggestions are provided as a convenience in support of the physician-patient relationship and are not intended to replace the physician's clinical judgment. They are derived from national guidelines in addition to other evidence and expert opinion. The clinician should consider this information within the context of clinical opinion and the individual patient.*
SEE GUIDANCE FOR CARDIOVASCULAR REPORT: Stone NJ et al. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation 2014; 129 (suppl 2): S1–S45; Contois et al. Clin Chem 2009; 55(3):407-419; Brunzell et al. Diabetes Care 2008; 31(4):811-82.

Note: *Please refer to your LabCorp Report for all results as well as any test-specific and specimen-specific comments.*

Laboratory Director's Notes

Laboratory test values flagged with an asterisk (*) within this report refer to the following commentary from our physicians and quality assurance staff.

COLLECTION DATE	ITEM	RELATED NOTES
08/27/2019		This is an amended report on 8/28/2019. The following panels were previously not reported: CBC With Differential/Platelet. Please review this report in its entirety, since changes may affect result interpretation(s) and/or treatment/follow-up suggestions.
08/27/2019		This is an amended report on 8/28/2019. The following supplemental report(s) was previously not included: Diabetes Patient Education. Please review this report in its entirety , since changes may affect result interpretation(s) and/or treatment/follow-up suggestions.

Mitchell S. Laks, PhD - Laboratory Director

NOT A PERMIT

Permit #F00161237

PATIENT	DATE OF BIRTH	GENDER	DATE OF SERVICE	PHYSICIAN
LEAVENS, CHRISTY	**01/08/1978**	**F**	**08/27/2019**	**CHETVER, ELENA**
				LabCorp Account #: 04280445

Your Test Results

WITHIN GOAL | BORDERLINE | OUT OF GOAL

Test	Your Results	Comments
Blood Sugar		
A1C measures your average blood sugar control over the last 2-3 months.	**6.0%** 6.0%	**YOUR A1C IS AT GOAL** which means your diabetes is under control. To keep your diabetes under control, remember to take all medicines prescribed by your doctor and follow your current diet. Regular exercise (30 minutes 5 times a week) and weight loss also help keep it under control.
Blood Lipids		
LDL CHOLESTEROL is the bad cholesterol that can clog your arteries.	**77** Ref. Range: 0 to 99 mg/dL	**HAVING LOW LDL HELPS PROTECT YOUR HEART AND BLOOD VESSELS.** Remember to take any medications prescribed by your doctor. Your doctor may recommend even lower cholesterol levels to reduce your risk of heart disease. Weight loss, exercise (at least 30 minutes 5 times a week), a diet low in trans and saturated fats, and quitting smoking can keep cholesterol low.
TRIGLYCERIDES are a type of fat and high levels may increase risk of heart disease.	**296** Ref. Range: 0 to 149 mg/dL	**YOUR TRIGLYCERIDES ARE HIGH.** Foods high in carbohydrates and sugar, as well as alcohol, can raise your triglycerides. Try to limit the amount of these you eat/drink.
Kidney Health		
eGFR estimates how well your kidneys are filtering blood. The higher the number, the better your kidneys are working.	**101** Ref Range: >59 mL/min/1.73mE2	**YOUR RESULT SHOWS NORMAL KIDNEY FUNCTION.** Control of diabetes and blood pressure can help to preserve kidney function.

NOT A PERMIT

DISCLAIMER: You should discuss this information with your physician. Litholink does not have a doctor-patient relationship with you, nor does it have access to a complete medical history or physical examination conducted by a physician that would be necessary for a complete diagnosis and comprehensive treatment plan. Neither you nor your physician should rely solely on this guidance. Bolded result descriptions in "Comments" consider either the reference range or target range for the test result. Reference range refers to the LabCorp reference interval. Target range refers to the guideline-suggested goal. REFERENCES:American Diabetes Association's Standards of Medical Care in Diabetes-2014 (Diabetes Care, Vol 37, Supp 1, Jan 2014); National Diabetes Education Program's 4 Steps to Manage Your Diabetes for Life (2013, NIH publication 13-5492).